

# NJ DSRIP DY4 Appeal Response Guidance

Date

## Learning Objective

- The purpose of this presentation is to provide clarification and understanding of the DY4 appeal results.
- The appeal results presentations includes:
  1. DY4 Appeal Process Overview
  2. DY4 Appeal Response Letter
  3. DY4 Appeal Itemized Results
  4. Non-appealable Issues

The information and direction regarding DY4 appeal result forms is provided on behalf of the New Jersey Department of Health (NJDOH) and the Centers for Medicare and Medicaid Services (CMS).



## DY4 Appeal Process Overview

# DY4 Appeal Process Overview

The Appeal Process is outlined in the Funding and Mechanics Protocol, Section D and the “[NJ DSRIP Forfeiture of DSRIP Payments and Appeals](https://dsrip.nj.gov/Home/Resources)” located at <https://dsrip.nj.gov/Home/Resources>.

- Once the scoring and evaluation of metrics is completed by the Department and CMS, each hospital is notified of the amount of DSRIP Payments earned.
- The DY4 Payment Summary letter provides information regarding all NJDSRIP Project measures for each hospital.
- When a Stage 3, Stage 4 or UPP performance measure has not been met, and the associated payment has not been earned, then the hospital has the option of submitting an appeal.
- An appeal is the step in the NJ DSRIP reconsideration process that provides participating NJ DSRIP hospitals a way to resolve disputed issues related to their measure results.
- Appeals are available for reporting or computation issues only.

## DY4 Appeal Process Overview

- NJ DSRIP appeal reviews utilize established and approved guidelines found in NJ DSRIP Program Funding and Mechanics Protocol, Section D Forfeiture of DSRIP Payment located at <https://dsrip.nj.gov/Home/Resources>.
- The purpose of the appeal process is to address any potential reporting and/or computational discrepancies for performance measure(s) in which the improvement target was not met and payment was not earned.
- The appeal results are based on review of the appeal form, relevant documentation submitted by the hospital, the Databook measure specifications and the administrative data submitted to the New Jersey Department of Medical Assistance and Human Services (DMAHS).
- The administrative claims data are collected and adjudicated in the New Jersey Medicaid Management Information System (MMIS) and includes information for all services received and submitted for payment for all provider types (Medicaid, Encounter, and Charity Care) during the measurement performance period. (DY4 - Performance Period 2015)



## DY4 Appeal Response Letter


## DY4 Appeal Response Letter

- The DY4 appeal response letter is issued on behalf of the NJDOH and CMS as a final result of the appeal submitted by each hospital for NJDSRIP as approved by CMS.

\*Page 1 includes a summary of appeal results

\*Detailed appeal results are located in the 'DY4 Appeal Itemized Results' included with the letter.





CHRIS CHRISTIE  
Governor  
KIM GUADAGNO  
Lt. Governor

CATHLEEN D. BENNETT  
Commissioner

Hospital Name  
Address

Month, XX, 2017  
Dear <PROVIDER NAME>,

This letter is issued on behalf of the New Jersey Department of Health (NJDOH/Department), U.S. Department of Health and Human Services, and Centers for Medicare and Medicaid Services (CMS) as a result of the appeal submitted by your hospital regarding the Delivery System Reform Incentive Payment (DSRIP) Program DY4 Performance Measure Results. The DSRIP program is a component of New Jersey's Comprehensive Medicaid Waiver as approved by Centers for Medicare & Medicaid Services (CMS) in October 2012.

**APPEAL RESULTS:**

The results are based on the review of the submitted appeal form, hospital submitted documentation and administrative data submitted to the New Jersey Department of Medical Assistance and Human Services (DMAHS). The administrative claims data is collected and adjudicated in the New Jersey Medicaid Management Information System (MMIS) and includes information for *all* services received and submitted for payment for all provider types (Medicaid, Encounter, and Charity Care) during the measurement performance period.

Of your hospital's \_\_\_\_ total issues submitted in the appeal, the final review resulted in the following:

Total Issues Appealed	Number of Issues Substantiated	Number of Issues Unsubstantiated

Please see the attached spreadsheet *DY4 Appeal Results – Hospital Name* for detailed findings and achievements results.

1

# DY4 Appeal Response Letter

## Appeal Criteria:

### Substantiated

- Review and analysis of your hospital's submitted appeal information and administrative data provides sufficient support for further consideration of the disputed issue.
- Appeal issues designated as substantiated are evaluated based on final measure result to determine 'Met/Not Met' achievement.



Page 2 includes overview of appeal process and criteria.

#### Appeal Criteria

Substantiated – Review and analysis of your hospital's submitted appeal information and administrative data, supports further consideration of the disputed issue. Substantiated issues may result in a correction of computation or reporting errors.

Please note: Appeal issues designated as substantiated are evaluated based on final measure result to determine 'Met/Not Met' achievement.

Unsubstantiated – Include the following areas:

- DSRIP Program Design issues
- Concerns with performance measure specifications as defined by the measure steward
- Appeals based on data that are not reportable or reported after the measure due date
- Appeals submitted past the appeal submission due date
- Review of computation or reporting issues not supported by data review

#### Appeal Process

NJ DSRIP appeal reviews/reconsideration utilize established and approved guidelines found in NJ DSRIP Program Funding and Mechanics Protocol, Section D Forfeiture of DSRIP Payment. The purpose of the appeal process is to address any potential reporting and/or computational discrepancies for performance measure(s) in which the improvement target was not met and payment was not earned.

#### Overview

- Upon receipt, each appeal was reviewed to identify and categorize submitted issue(s).
- Information relevant to each appeal review was provided through the hospital's submitted documentation, the Databook measure specifications and administrative claims data. As a reminder, the administrative claims data is submitted by each provider for payment to the New Jersey Department of Medical Assistance and Human Services (DMAHS). This includes information for *all* services received and submitted for payment for all provider types (Medicaid, Encounter, and Charity Care) during the measurement performance period. The administrative claims data is collected and adjudicated in the New Jersey Medicaid Management Information System (MMIS) and attained for NJ DSRIP measure calculations from the DMAHS Data Warehouse vendor. This data is transferred to the NJDOH contractor's database for abstraction.

This letter includes an attachment titled <DY4 Appeal Results – *Hospital Name*> which contains a list of all issues identified as disputed items within your hospital's submitted appeal form. The information provides detailed findings and achievement results for each issue.

The NJDOH appreciates your participation in the NJ DSRIP Program and looks forward to continuing the partnership.



# DY4 Appeal Response Letter

## Appeal Criteria:

### Unsubstantiated – may include the following:

- DSRIP Program Design elements
  - Your feedback on NJ DSRIP design issues is invaluable to the program and has been captured for consideration in future program updates.
- Concerns with performance measure specifications as defined by the measure steward
  - Please feel free to reach out to the measure steward with suggested improvements to measure definition and criteria.
- Appeals based on data that are not reportable or reported after the measure due date
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## DY4 Appeal Itemized Results

The DY4 appeal workbook contains the following tabs:

Tab 1: READ ME  
(Instructions for understanding the appeal detail information)

Tab 2: HOSP NAME DY4 APPEAL  
(Provides results for all issues disputed per hospital)

DY4 Appeal Result_ Hosp Name																
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	Appeal - Issue #	Category Top 16	DSRIP Eligible Hospital	Hospital ID	Focus Area	Project Name	Appeal Type	Measure #	Measure Name	DY4 Results	Stage 3/ UPP	EITG Stage 3	UPP Baseline	Measure Met/ Not M	Submission Date	Review Due Date
1	33-1	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	8	Ambulatory Care – Emergency Department Visits	n - xx d - xx xx.xxx%	UPP	N/A	xxx.xxx	Not Met	m/dd/yyyy	m/dd/yyyy
2	33-2	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	32	COPD Admission Rate	n - xx d - xx xx.xxx%	Stage 3	xxx.xxx	N/A	Not Met	m/dd/yyyy	m/dd/yyyy
3																

Tab 1

\* Tab 2

READ ME

HOSP NAME DY4 APPEAL



\*All data provided is for demonstration only and does not reflect actual appeal data.

## DY4 Appeal Itemized Results

## Tab 1: READ ME

- Tab 1. provides description and direction for each column on Tab 2.

4 - DY4 Appeal Results\_ Hosp Name

Location	Column Name	Column Description
Column A	Appeal - Issue #	In order to better track the appeals and multiple issues, each submitted appeal form was assigned an internal number when received by the department. Each issue within the appeal was then given an issue number, (i.e. 25-3).
Column B	Category - Top 16	Indicator of top 16 Hospital by DSRIP target funding amount
Column C	DSRIP Eligible Hospital	Hospital Name
Column D	Hospital ID	Hospital NJ Medicaid ID
Column E	Focus Area	Focus area of the Hospital's DSRIP Project
Column F	Project Name	Name of Hospital's DSRIP Project
Column G	Appeal Type	Appeal Type Category (Chart, MMIS, Databook or Other)
Column H	Measure #	DSRIP Measure # from NJ DSRIP Databook
Column I	Measure Name	Description of NJ DSRIP Measure
Column J	DY4 Results	Hospital's performance measure results for January - December 2015 Performance Period
Column K	Stage 3UPP	Indicates the stage for which payment is applied
Column L	ETIG Stage 3	Stage 3 Expected Improvement Target Goal
Column M	UPP Baseline	Baseline Measure Results for UPP Measures
Column N	Measure Met/ Not Met	Indication of achievement status for each measure
Column O	Submission Date	Date the hospital submitted the appeal
Column P	Review Due Date	Date appeal was initially reviewed
Column Q	Supporting Documentation	Indication of submitted supporting documentation (Yes/No)
Column R	Description of Appeal	Description of individual appeal issue (each issue identified is described)
Column S	Recommended Appeal Status	Indicates whether or not the appeal was substantiated (approved) or unsubstantiated (denied)
Column T	Recommended Date	Date in which the appeal recommendation was determined
Column U	Appeal Review Summary	Summary of results of the appeal review
Column V	Appeal Issue Category: Computation Reporting Computation - Systemic Program Design	<p><b>Computation:</b> Hospital disputed error in the calculation of MMIS measure or the calculation of hospital reported results for a specified data set</p> <p><b>Reporting:</b> Hospital disputed published information</p> <p><b>Computation - Systemic:</b> Hospital measure recalculated to incorporate changes from identified appealed issues.</p> <p><b>Program Design</b> - Hospital disputed issues regarding DSRIP approved protocols or policy</p>
Column W	Potential Measure Achievement Amount	<b>Stage 3:</b> Dollar amount tied to the payment for achievement of each stage 3 measure
Column X	Revised DY4 Met/Not Met	<b>UPP:</b> Achievement value for each UPP measure
Column Y	DY4 (Revised) Measure Result	Achievement value/amount is per measure (each appeal/issue denotes the measure achievement)
Column AA	Date of DOH Phase 1 Review	Indication of achievement status for each measure after appeal results are applied
Column AB	Date of DOH Approval for CMS Review	Updated measure results
Column AC	Recommendation Status to CMS	Date appeal issue reviewed by DOH
Column AD	Date Submitted to CMS	The date DOH approved appeal for submission to CMS
Column AE	Documentation Available/Provided	Recommendation status approved by DOH
Column AF	CMS Final Recommendation	Date the appeal was submitted to CMS for review
Column AG	CMS Final Recommendation Date	File name of supporting documentation for each measure
Column AH	Comments	CMS determination
Column AI	See image	CMS determination date

**Filtering Instructions:**

- Select to filter column (Appeal Issue Category)
- Select the group for review, select 'OK' (Program Design)

**READ ME**

## DY4 Appeal Itemized Results

- Per the NJ DSRIP Funding and Mechanics Protocol, the appeal process was created to address measure computation and reporting issues.
- These appeals were each reviewed for the possibility of an embedded valid dispute prior to the identification and determination of appeal results.
- Because a submitted appeal could result in multiple disputed issues, each issue was tracked and reviewed separately.
- The DY4 Appeal Itemized Results provides the final CMS approved results for each itemized issue.

DY4 Appeal Result_ Hosp Name											
	A	B	C	D	E	F	G	H	I	J	
	Appeal - Issue #	Category Top 16	DSRIP Eligible Hospital	Hospital ID	Focus Area	Project Name	Appeal Type	Measure #	Measure Name	DY4 Results	Sta
1	33-1	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	8	Ambulatory Care – Emergency Department Visits	n - xx d - xx xx.xxx%	U
2	33-2	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	32	COPD Admission Rate	n - xx d - xx xx.xxx%	Sta
3											

**HOSP NAME DY4 APPEAL**

## DY4 Appeal Itemized Results

### Tab 2: DY4 Appeal Itemized Results

Column A: Appeal - Issue

- Because an appeal could result in multiple disputed issues, each issue was tracked and reviewed separately.
- In order to better track the appeals and multiple issues, each submitted appeal form was assigned a random internal number when received by the department. Each issue within the appeal was then given an issue number, [i.e. 33-1].



DY4 Appeal Result_ Hosp Name									
	A	B	C	D	E	F	G	H	I
	Appeal - Issue #	Category Top 16	DSRIP Eligible Hospital	Hospital ID	Focus Area	Project Name	Appeal Type	Measure #	Measure Name
1									
2	33-1	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	8	Ambulatory Care Emergency Department Visi
3	33-2	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	32	COPD Admission Rate

\* Tab 2

**HOSP NAME DY4 APPEAL**

## DY4 Appeal Itemized Results

Tab 2: DY4 Appeal (Itemized Results)

DY4 Appeal Result\_ Hosp Name

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	Appeal - Issue #	Category Top 16	DSRIP Eligible Hospital	Hospital ID	Focus Area	Project Name	Appeal Type	Measure #	Measure Name	DY4 Results	Stage 3/ UPP	EITG Stage 2	UPP Baseline	Measure Met/ Not Met	Submission Date	Review Date
1	33-1	Y	Hospital Name	Hospital ID	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus & Hypertension	MMIS	8	Ambulatory Care – Emergency Department Visits	n - xx d - xx xx.xxx%	UPP	N/A	xxx.xxx	Not Met	m/dd/yyyy	m/dd/y
2																

**Columns B through N contain information specific to the submitting NJ DRIP hospital and DY4 achievement results at the time of the appeal.**



Tab 2: DY4 Appeal Itemized Results

## DY4 Appeal Itemized Results

### Column Q:

'Y' is selected when the appeal form indicates supporting documentation is submitted.

'N' is selected when the appeal form indicates supporting documentation has not been submitted.

Supporting documentation may or may not provide support to the appealed issues. In some cases, the documentation submitted may be unrelated or does not support the disputed issue.

### Column R:

Brief narrative description or summary of submitted appeal issue.

DY4 Appeal Result_ Hosp Name					
	Q	R	S	T	U
Due Date	Supporting Documentation	Description of Appeal	Recommended Appeal Status	Recommend Date	Appeal Review Summary
Id/yyyy	Y	Brief narrative description of appeal.	SUBSTANTIATED or UNSUBSTANTIATED	m/dd/yyyy	Brief narrative summary of appeal result.
Id/yyyy	Y	Brief narrative description of appeal.	SUBSTANTIATED or UNSUBSTANTIATED	m/dd/yyyy	Brief narrative summary of appeal result.
Id/yyyy	N	Brief narrative description of appeal.	SUBSTANTIATED or UNSUBSTANTIATED	m/dd/yyyy	Brief narrative summary of appeal result.

## DY4 Appeal Itemized Results

### Column S:

Recommended Appeal Status

Unsubstantiated – Based on research of claims data or hospital submitted documentation, dispute is **not** supported.

Substantiated – Based on research of claims data or hospital submitted documentation, dispute is supported.

Withdrawn – Hospital determined withdraw of initiated appeal.

### Column U:

Review of each disputed appeal issue results in a summary of explanation of the final recommended appeal status.



Tab 2: DY4 Appeal Itemized Results

DY4 Appeal Result_ Hosp Name				
	S	T	U	
	Recommended Appeal Status	Recommend Date	Appeal Review Summary	Appeal Issue (Computer / Computer System)
ption of appeal.	SUBSTANTIATED or UNSUBSTANTIATED	m/dd/yyyy	Brief narrative summary of appeal result.	
ption of appeal.	SUBSTANTIATED or UNSUBSTANTIATED	m/dd/yyyy	Brief narrative summary of appeal result.	

\*All data is provided for demonstration only and does not reflect actual appeal data.

# DY4 Appeal Itemized Results

## Column U:

Upon receipt, each appeal was subjected to a high-level review to categorize the submitted issues based on commonalities. This provided a more consistent and comprehensive review of the disputed issue(s).

## Categories:

Reporting: disputed published information

Computation: disputed error in the calculation of MMIS measure or the calculation of hospital reported results for a specified data set.

Computation – Systemic: disputed computation issue resulting in the recalculated of the measure to incorporate changes from identified appealed issues.

Program Design: – category assigned to hospital disputed issues regarding DSRIP approved protocols or policy.



Tab 2: DY4 Appeal Itemized Results

ame				
U	V	W	X	(F
	Appeal Issue Category (Computation/Reporting / Computation - Systemic/	Potential Measure Achievement* Amount	Revised DY4 Met/Not Met	N
al result.		1 UPP achievement value	N/A	
al result.		\$X,XXX,XXX	N/A	

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## DY4 Appeal Itemized Results

### Column W

The potential achievement amount for each issue.

Stage 3: The dollar amount tied to the payment for achievement of the r

UPP: Achievement value for each UPP measure

Achievement value/amount is per measure (each appeal issues denotes the measure achievement value for reference only.)

### Column X

Achievement status indicator for each measure after appeal results are applied

N/A: measure was not re-calculated based on appeal

No Change: measure recalculation, based on appeal, did not result in a re status

Not Met > Met: measure recalculation, based on appeal, resulting in a re status of not met to met.

### Column Y

Achievement value for recalculated results

Tab 2: DY4 Appeal Itemized Results

	W	X	Y	Z	AA	AB
Reporting Measure	Potential Measure Achievement Amount	Revised DY4 Met/Not Met	DY4 (Revised) Measure Result	Date of DOH Phase 1 Review	DOH Approval to Submit for CMS Review	Recommendation Status to CMS
	1 UPP achievement value	N/A	n - xx d - xx xx.xxx%	m/dd/yyyy	m/dd/yyyy	SUBSTANTIATED or UNSUBSTANTIATED
	\$x,xxx,xxx	N/A	N/A	m/dd/yyyy	m/dd/yyyy	SUBSTANTIATED or UNSUBSTANTIATED

Tab 2: DY4 Appeal Itemized Results

**Columns AE and AF**

CMS Final Recommendation and date are identified in these columns

	AE	AF	AG
	CMS Final Recommendation Date	CMS Final Recommendation	
iment			
iment	m/dd/yyyy	CMS RECOMMENDATION	
iment			
iment	m/dd/yyyy	CMS RECOMMENDATION	
iment			
iment	m/dd/yyyy	CMS RECOMMENDATION	



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## Non-appealable Issues

## Non-appealable Issues

- The purpose of the appeal process is to address any potential reporting and/or computational discrepancies for performance measure(s) in which the improvement target was not met and payment was not earned.
- Per the NJ DSRIP Funding and Mechanics Protocol, the appeal process was created to address potential reporting and/or computational discrepancies for performance measure(s) in which the improvement target was not met and payment was not earned.
- The appeal results are based on review of the appeal form, relevant documentation submitted by the hospital, the Databook measure specifications and the administrative data submitted to the New Jersey Department of Medical Assistance and Human Services (DMAHS).
- Review of disputed DY4 issues submitted per each appeal, it was determined that the basis for several identified issues fell outside the approved appeal scope. The identified issues are provided for your reference in the following pages.

## Non-appealable Issues

After review of disputed issues submitted per each appeal, it was determined that the basis for seven identified issues fell outside the approved appeal scope and were identified as program design elements.

DSRIP Program Design elements	Description Overview
1. Decimal points are included in some value sets	The NJ DSRIP Databook Appendix A was compiled using the codes in the format supplied by the measure steward. For MMIS based measure calculations, the decimal points are removed to align with the format of the NJ MMIS claims extract. Please note, the inclusion of the decimal point has no impact on measure results.
2. Hidden Data on Patient Level Reports	Patient level reports were created and released in order to provide hospitals more visibility on how the MMIS measure was calculated. The hidden rows on the patient level reports are for patients or services that cannot be disclosed to your hospital due to inclusion of protected health information (PHI).
3. Did not receive 2014 data requested	Only 2015 (DY4) data was released in order to facilitate appealable issue review. If a systemic issue is discovered during the appeal process, it was corrected in both 2015 (DY4) and 2014 (baseline) performance periods.



## Non-appealable Issues

DSRIP Program Design elements	Description Overview
4. Differences (updates) in measure steward versions	<p>The DSRIP program will utilize the most recent finalized version made publicly available prior to October 15 of each calendar year. The databook will then be updated and a new version made available.</p> <p>However, should an error in a published version be identified, updates remain available for appeal and review.</p>
5. Funding and Mechanics protocol broken by UPP payment	<p>The Funding and Mechanics protocol originally stated that appeals for Stage 3 and 4 measures should be adjudicated before UPP payments occurred (March 2014 FMP pg. 37). This timeline would not have allowed UPP results to be appealed, it was modified to pay the UPP along with Stage 3 and 4.</p>
6. Special Terms and Conditions broken	<p>The CMS approved STC's were operationalized in the NJ DSRIP Funding and Mechanics protocol in coordination and approved by CMS.</p>
7. Adjusted claims – MMIS Measures	<p>Results for MMIS measures are calculated from a Medicaid claims data file and contain processed claims for the DY4 performance period. This file additionally includes claims processed up to 90 days after the end of the measurement period.</p>
8. Chart Measure	<p>In accordance with CMS guidance of the New Jersey DSRIP Funding and Mechanics Protocol, Section D Forfeiture of DSRIP Payments, self reported data is considered an unappealable design issue. However hospitals may appeal a reporting or computational error by the NJ DSRIP team regarding payment.</p>



## CONTACT THE NEW JERSEY DSRIP TEAM

For more information about the New Jersey DSRIP Program or if you have questions or concerns relating to this website, please contact us at:

[njdsrip@mslc.com](mailto:njdsrip@mslc.com)

If you are encountering problems with this website, please call the  
Myers and Stauffer LC DSRIP Service Desk at:  
1-844-325-7811